

American College of Sports Medicine Health /Fitness Pre-Participation Screening Questionnaire



Name of participant: _____ Date: _____ Email: _____

Assess your health status by marking all true statements

HISTORY

I have had:

- ☐ a heart attack
- ☐ heart surgery
- ☐ cardiac catheterization
- ☐ coronary angioplasty (PTCA)
- ☐ pacemaker/implantable cardiac defibrillator/rhythm disturbance
- ☐ heart valve disease
- ☐ heart failure
- ☐ heart transplantation
- ☐ congenital heart disease

SYMPTOMS

- ☐ Experience chest discomfort with exertion.
- ☐ Experience unreasonable breathlessness.
- ☐ Experience dizziness, fainting, blackouts.
- ☐ take heart medications.

OTHER HEALTH ISSUES

- ☐ Experience musculoskeletal problems.
- ☐ Have concerns about the safety of exercise.
- ☐ Currently takes prescription medication(s).
- ☐ Is currently pregnant.

If any statements in this section are marked, a physician or appropriate health care provider should be consulted before engaging in exercise and documentation of this consultation should remain on file.

CARDIOVASCULAR RISK FACTORS

- ☐ Male older than 45 years.
- ☐ Female older than 55 years or has had a hysterectomy or is post-menopausal.
- ☐ Smoke.
- ☐ Blood pressure is > 140/90.
- ☐ Blood pressure is not known.
- ☐ Takes blood pressure medication.
- ☐ Blood cholesterol level is > 240 mg/dl.
- ☐ Has a close blood relative who had a heart attack; before age 55 if father/ brother or before age 65 if mother/sister.
- ☐ Physically inactive (< 30 minutes of physical activity on at least 3 days per week)
- ☐ > 20 pounds overweight.

If 2 or more statements in this section are marked, a physician or appropriate health care provider should be consulted before engaging in exercise and documentation of this consultation should remain on file.

☐ **None of the above** (no items from sections 1 and 2 above are true)

Participant should be able to exercise safely without consulting their healthcare provider.

Please list activities you are presently involved in: _____

Select your lifestyle (circle one):

Sedentary Active Very Active

What is your primary fitness goal(s)?

